

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="width: 40%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">09/601655</div> </div> <div style="width: 40%;"> FILING DATE </div> </div> <div style="width: 100%;"> APPLICANT(S) </div> </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		6				
9		7		0		0
10		7		0		0
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15		0		0		0
16		0				
17		0				
18		0				
19				1		1
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21				1		1
22				1		1
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TOTAL IND.	1		3		3	
TOTAL DEP.	35		22		17	
TOTAL CLAIMS	36		25		20	

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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